

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000099153**

1. Corporation Name

**INTERNATIONAL TRAVEL GROUP, INC.**

Principal Place of Business

**1850 LEE ROAD  
SUITE 331  
WINTER PARK FL 32789  
US**

Mailing Address

**1850 LEE ROAD  
SUITE 331  
WINTER PARK FL 32789  
US**

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90033 019 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/20/1997**

4. FEI Number

**59-3495071**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KATZ, LAWRENCE H  
341 N. MAITLAND AVENUE  
SUITE 120  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **NIERENBERG, BRUCE**  
STREET ADDRESS **792 SPANISH COVE DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ DELETE  
NAME **APPLEBEE, WILLIAM**  
STREET ADDRESS **2144 DEER HOLLOW CIRCLE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **PD** ☒ DELETE  
NAME **GILLIO, MATTHEW M**  
STREET ADDRESS **SUITE 331, 1850 LEE ROAD**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ DELETE  
NAME **COOPER, JUAL**  
STREET ADDRESS **2100 N. BOULDER HIGHWAY**  
CITY-ST-ZIP **HENDERSON NV 89015**

TITLE **D** ☐ DELETE  
NAME **SMITH, FRANK**  
STREET ADDRESS **6342 NIGHTWIND CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **S** ☐ DELETE  
NAME **KATZ, LAWRENCE H**  
STREET ADDRESS **SUITE 120, 341 N. MAITLAND AVE.**  
CITY-ST-ZIP **MAITLAND FL 32751**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **President/Director**  
1.3 STREET ADDRESS **Keith St. Clair**  
1.4 CITY-ST-ZIP **1850 Lee Road Suite 331**  
**Winter Park, FL 32789** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Director**  
3.3 STREET ADDRESS **Douglas Lawrence**  
3.4 CITY-ST-ZIP **EMS Unit 11- West Trading Estate**  
**Herne Bay, Kent CT68 J2 - England** ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **Anthony Bullis**  
4.4 CITY-ST-ZIP **4 High Trees - New Barnet,**  
**Herts EN4 9QQ - England** ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE KATZ, LAWRENCE H**

**3/19/99**

**407-629-4746**